

03-10-26

office petition  
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/ \$

ATTORNEY DOCKET NO.

PATENT APPLICATION  
10/099,824

1

MAR 09 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Charles L. Wallace et al.

Serial No.:

10/099,824

Date Filed:

March 15, 2002

Group Art Unit:

2174

Examiner:

Nguyen, Le V.

Notice of Allowance Mailed:

December 29, 2005

Confirmation No.:

4079

Title:

**GRAPHIC USER INTERFACE FOR A  
PATIENT VENTILATOR**

**MAIL STOP - PETITIONS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail No. EV352443603US addressed to: Mail Stop - Petitions, Commissioner of Patents, Office, P.O. Box 1450, Alexandria, VA 22313-1450 on March 9, 2006.



Michael Wasaff

Dear Sir:

**PETITION TO WITHDRAW FROM ISSUE**

**PURSUANT TO 37 C.F.R. §1.313(c)(2)**

Applicants hereby petition for the withdrawal of this application from issue in order for the Request for Continued Examination (RCE) being filed concurrently with this Petition be considered.

Repln. Ref: 03/16/2006 CKHLOK 0012180800  
DAH:502148 Name/Number:10099824  
FC: 9204 \$130.00 CR

**PATENT NOTIFICATION**

The Issue Fee has not been paid in this case.

Adjustment date: 03/16/2006 CKHLOK  
03/13/2006 WABDELRI 00000003 10099824  
01 FC:1464 -130.00 OP

03/13/2006 WABDELRI 00000003 10099824

01 FC:1464

130.00 OP

AUS01:413026.1

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3-15-06</u>		2 Serial/Patent # <u>10/099824</u>								
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
Filing			\$							
Amendment			\$							
Extension of Time			\$							
Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/> Petition		3-9-6	\$ 130							
Issue			\$							
Cert of Correction/Terminal Disc.			\$							
Maintenance			\$							
Assignment			\$							
Other			\$							
7 TOTAL AMOUNT OF REFUND			\$ 130							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>2</td><td>1</td><td>4</td><td>8</td></tr></table>			5	0	--	2	1	4	8
5	0	--	2	1	4	8				
<input checked="" type="checkbox"/> No Fee Due (Explanation):										
<u>Per unnecessary - RCE w/ draws</u> <u>NOA prior to payment of issue fee</u>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>F Hicks</u>		TITLE: <u>Pets Ex'n</u>								
SIGNATURE: <u>[Signature]</u>		PHONE: <u>823218</u>								
OFFICE: <u>4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>[Signature]</u>		DATE: <u>3/16/06</u>								

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